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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC☐ CLEC☐ ILEC☐ Wireless

241685

CERTIFICATED COMPANY INFORMATION

Inmate Communications Corp.

Company Name

FEIN/SSN

818 782-7094 ext110

Dba/fka

Telephone #

31127 Via Colinas Suite 807

Mailing Address

Westlake Village, CALIFORNIA 91362

City, State, Zip Code

31127 Via Colinas Suite 807

Business Location

Westlake Village, California 91362

Los Angeles

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: CT CORPORATION SYSTEM

Mailing Address: 2 OFFICE PART COURT SUITE 103

COLUMBIA, SC 29223

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. General Manager (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

MARY GALSTYAN

B. Customer Relations/Complaints Representative (Include Address if different than above)

818 782-7094 ext 110 / 818 782-9001 / maryg@inmatephones.com

Telephone Number / Facsimile Number / E-mail Address

MARY GALSTYAN

C1. Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)

818 782-7094 ext 110 / 818 782-9001 / maryg@inmatephones.com

Telephone Number / Facsimile Number / E-mail Address

800 642-6555

C2. Customer Contact (Toll Free Number)

D. Engineering Operations (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

E. Test and Repair (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

F. Emergencies (During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

RECEIVED
FEB 05 2013
MAIL/DMSRECEIVED
FEB 05 2013

FEB 05 2013

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

STEPHEN A EDWARDS
G. **Regulatory Officer** (Include Address if different than above)
818 782-7094 / 818 782-9001 / steve@inmatephones.com
Telephone Number / Facsimile Number / E-mail Address
MARY GALSTYAN
H. **Dual Party Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
MARY GALSTYAN
I. **Interim LEC Fund Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
MARY GALSTYAN
J. **Universal Service Fund Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
MARY GALSTYAN
K. **Gross Receipts Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address
MARY GALSTYAN
L. **Lifeline Mailings (Name)**
(Mailing Address)
Telephone Number / Facsimile Number / E-mail Address

STEPHEN A EDWARDS

This form was completed by

PRESIDENT

Title


Signature

12/11/12

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11849
Columbia, South Carolina 29211

And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201